

GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

VERRIDE AUTHORIZATION

Term: Fall Spring Summer Year: _____

Name: _____ Student ID#: _____
Last First Middle

CRN: _____ Course Num. & Sec.: _____ Course Title: _____ Credits: _____

SELECT THE REASON (S) FOR OVERRIDE: Capacity Time Conflict Course Restriction Prerequisite Late Add

PLEASE SEE BELOW FOR EXPLANATION OF REASONS FOR OVERRIDES and OTHER INFORMATION

Please explain why you are requesting an override, and attach documentation to support your request (if needed).

Explanation: _____

Student Signature: _____ Phone: _____ Date: _____
BY YOUR SIGNATURE, YOU ARE REQUESTING THE COLLEGE TO ENROLL YOU IN THE REQUESTED COURSE.

Instructor Signature _____ Date _____ Division Director Signature (for prerequisite overrides & late adds only) _____

If the Override is for Capacity, Time Conflict, or Course Restriction – only the Instructor's signature is required for authorization.
If the Override is for Prerequisite or Late Add – both the Instructor and Division Director signatures are required.

EXPLANATIONS OF REASONS FOR OVERRIDES

Capacity Override – This override lets a student enter a course after the course's enrollment has reached its capacity. (Full)

Time Conflict Override – This override lets a student enter a course with class hours that conflict with the class hours of another course in which they are enrolled.

Course Restriction Override – This override lets a student enter a course with special restrictions. For example, Consent of Department Chair/Registrar.

Prerequisite Override – This override allows a student to enter a course for which the proper prerequisite documentation does not display in the database, and therefore prohibits registration into the course.

Late Add Override – This override allows a student to enter a course if a course has already met and the deadline for adding online has passed.

Entered by: _____ Date: _____ Student Notified by: _____ Date: _____